

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.B.</i>	<i>70705</i>	<i>8-14-00</i>
O.I.P.E. CLASSIFIER	<i>1/1</i>		
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>71471</i>	<i>3/8</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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7	✓	✓	
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If more than 150 claims or 10 actions
staple additional sheet here

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